STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	005722	A. BUILDING: _____ B. WING _____	C 10/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTH AT STONES CROSSING LLC THE	2339 S STATE ROAD 135 GREENWOOD, IN 46143

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00211935 and IN00211968. Complaint IN00211935 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00211968 - Unsubstantiated due to lack of evidence. Survey dates October 19, 2016 Facility number: 005722 Provider number: 005722 AIM number: N/A Census payor type: Other: 115 Total: 115 Sample: 3 Hearth at Stones Crossing was found to be in compliance with 410 AC 16.2-5 in regard to the Investigation of Complaints IN00211935 and IN00211968. QR was completed by 99993 on 10/20/16.	R 000		